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September 26, 2024

VIA EMAIL

John P. Kniery
Board Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, IL 62761

Re: Final Cost Report – Project # 22-048 Niles Surgery Center

Dear Mr. Kniery:

We represent the Permit Holder, Niles Surgery Center, LLC with regard to Project #22-048, a Certificate of Need permit to establish an ambulatory surgical treatment center at 7403 Milwaukee Avenue, Niles, Illinois 60714. The Illinois Health Facilities and Services Review Board ("Board") approved the project on March 21, 2023. We are happy to report that the project is complete, and we request that you accept this letter as our final cost report consistent with 77 Ill. Admin. Code Section 1130.770

Enclosed you will find an itemization of the final realized costs, and the Permit Holders certify that the final realized costs, as itemized are the total costs required to complete the project and that there are no additional costs or associated costs, or capital expenditures related to the project. The project was completed according to the terms of the permit letter issued by the Board.

If you should have any questions or need any additional information regarding the project, please do not hesitate to contact me at 312-212-4967 or via email at JMorado@beneschlaw.com. You can also contact my colleague Mark J. Silberman at 312-212-4952 or via email at MSilberman@benseschlaw.com.

Very truly yours,

BENESCH, FRIEDLANDER,
COPLAN & ARONOFF LLP

Juan Morado, Jr.

State of Illinois
County of Cook

Verification Statement

I, Jason Ethington, M.D., being first duly sworn, on oath, depose and state as follows:

1. I serve as a Managing Member for the Niles Surgery Center, LLC.

2. We filed Certificate of Need application to establish an ambulatory surgical treatment center with four operating rooms to be located at 7403 Milwaukee Avenue, Niles, IL 60714.

3. That application was approved by the Health Facilities and Services Review Board as Project #22-048.

4. The project was completed, and the Village of Niles scheduled and performed an inspection and issued a certificate of occupancy. The Illinois Department of Public Health scheduled a survey, and the facility passed the life safety inspection and was issued a license, effective June 25, 2024.

5. I certify that the final realized costs, are the total costs required to complete the project and that there are no additional associated costs or capital expenditures related to the project.

6. The final realized costs for the project equaled $3,765,707.35which was lower than that approved project costs originally included in the application approved by the Board.

7. The source of funds for the project remained consistent with the total project costs listed in the approved permit application.

8. The graph on the next page accurately reflects a detailed itemization of all project costs and sources of funds.

Project Costs and Sources of Funds			
USE OF FUNDS	**Approved Amount**	**Actual Amount Spent**	**Difference**
Preplanning Costs	-	-	-
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work	-	-	-
New Construction Contracts	$1,546,630	$1,808,245.35	$261,615.35
Modernization Contracts	-	-	-
Contingencies	$143,579	-	-$143,579
Architectural/Engineering Fees	$151,464	$177,195	$25,731
Consulting and Other Fees	$156,399	$125,432	-$30,967
Movable or Other Equipment (not in construction contracts)	$555,000	$443,370	$11,630
Bond Issuance Expense (project related)	-	-	-
Net Interest Expense During Construction (project related)	$61,865	$60,875	-$990
Fair Market Value of Leased Space or Equipment	$1,064,146	$1,064,146	-
Other Costs to Be Capitalized	$89,500	$86,444	-3,056
Acquisition of Building or Other Property (excluding land)	-	-	-
TOTAL USES OF FUNDS	**$3,768,583**	**$3,765,707.35**	**-$2,875.65**
SOURCE OF FUNDS	**Approved Amount**	**Actual Amount Spent**	**Difference**
Cash and Securities	**$1,354,437**	$1,351,561.35	-$2,875.65
Mortgages	**$1,350,000**	$1,350,000	-
Leases (fair market value)	**$1,064,146**	$1,064,146	-
TOTAL SOURCES OF FUNDS	**$3,768,583**	**$3,765,707.35**	**-$2,875.65**

Under penalties as provided by law pursuant to § 1-109 of the Code of Civil Procedure, the undersigned certifies that the statements set forth in this instrument are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that he believes the same to be true.

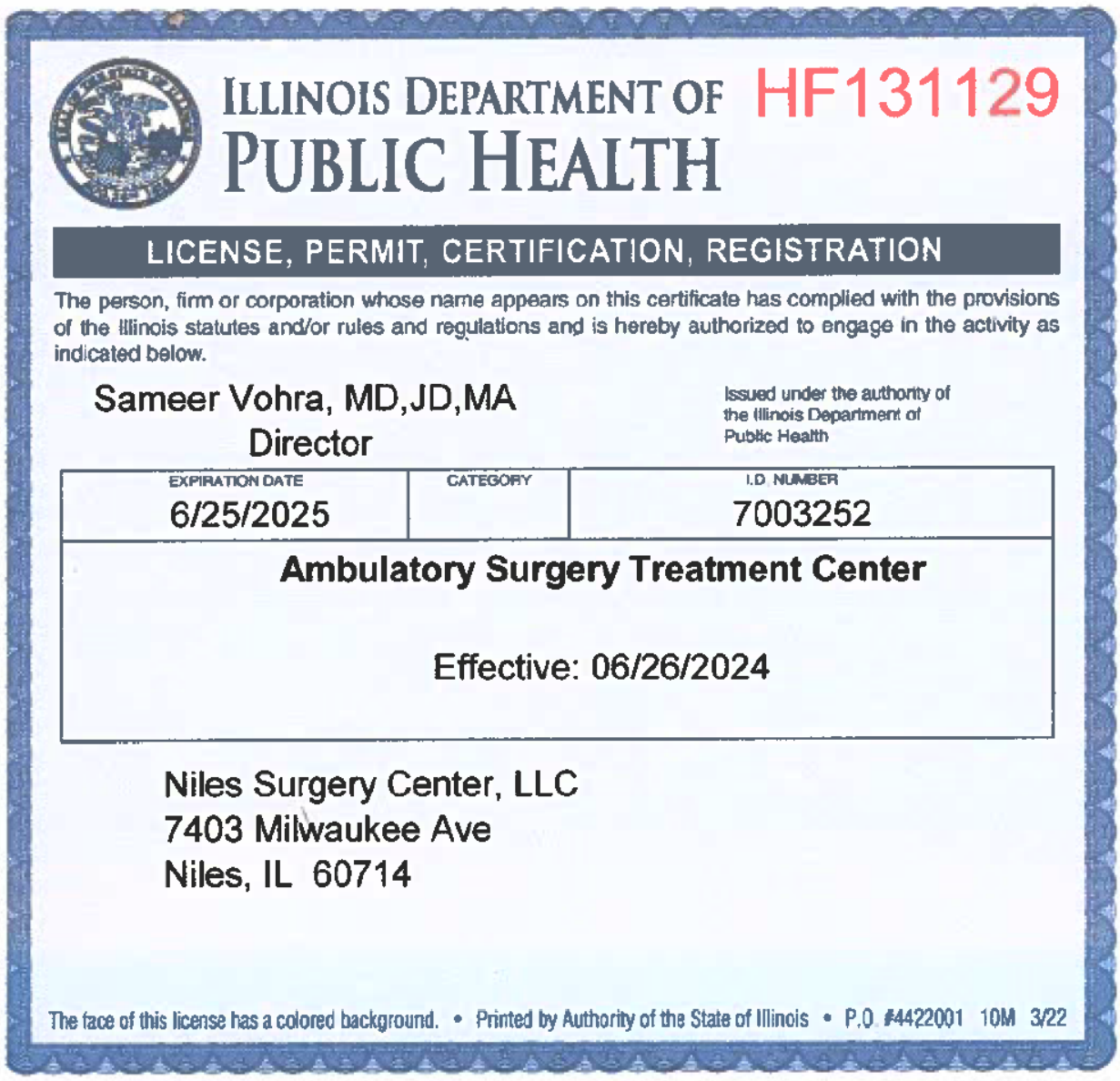
_____(Signature)

_____(Date)

On this ___ day of Septepmber 2024, before me the undersigned notary public, personally appeared Jason Ethington, M.D., personally known or proved to me through satisfactory evidence of identification, to be the person whose name is signed on the preceding or attached document and acknowledged to me that he signed it voluntarily for its stated purposed.

_____(Signature of Notary)

Seal



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

HF131129

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

Sameer Vohra, MD,JD,MA
Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	I.D. NUMBER
6/25/2025		7003252

Ambulatory Surgery Treatment Center

Effective: 06/26/2024

Niles Surgery Center, LLC
7403 Milwaukee Ave
Niles, IL 60714

The face of this license has a colored background. • Printed by Authority of the State of Illinois • P.O. #4422001 10M 3/22